# P9800001957

| (Re                      | questor's Name)   |             |  |
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| (City/State/Zip/Phone #) |                   |             |  |
| PICK-UP                  | ☐ WAIT            | · MAIL      |  |
| (Bu                      | siness Entity Nar | me)         |  |
| (Do                      | cument Number)    |             |  |
| Certified Copies         | _ Certificates    | s of Status |  |
| Special Instructions to  | Filing Officer:   |             |  |
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2015 MAR - 5 PM 3: 21

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO   | RATION: Florida Cor                         | struction Servic   | es Inc   |  |
|---|---|--|--|--|
| DOCUMENT NUMI   | BER: P9800002195                            | 7  |  |  |
|   | of Amendment and fee are su                 |  |  |  |
| Please return all corre   | spondence concerning this mat               | tter to the following:   |  |  |
|   | Michael Sheeks                              |  |  |  |
|   |   | Name of Contact Persor   | 1  |  |
|   | Florida Construct                           |  |  |  |
|   | - Ionaa Oonstract                           | Firm/ Company  | ·····  |  |
|   | 545 Frederica La                            | · ·  |  |  |
|   |   |  |  |  |
|   | Address  Device of the CL 24000             |  |  |  |
|   | Dunedin, Fl 34698                           |  |  |  |
|   |   | City/ State and Zip Code   | e  |  |
| ms  | heeks@flaconstru                            | ction.us   |  |  |
| <del></del>   |   | ed for future annual report  | notification)  |  |
|   |   |  |  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |
| Cathy Camp  | hail  | 727  | 734-2525 ext 1   |  |
|   | of Contact Person                           | at ( Area Co   | 734-2525 ext 1 de & Daytime Telephone Number   |  |
| Name  | of Comact Person                            | Alea Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |   |  |  |  |
| ■ \$35 Filing Fee   | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address   |   | Street   | Address  |  |
| Amendment Section   |   | Amendment Section  |  |  |
| Division of Corporations P.O. Box 6327  |   | Division of Corporations Clifton Building                          |  |  |
| Tallahassee, FL 32314 Chlori Building  2661 Executive Center Circle                           |   |  |  |  |
| Tallahassee, FL 32301   |   |  |  |  |

#### Articles of Amendment to Articles of Incorporation of

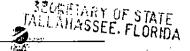
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### Florida Construction Services Inc.

2015 MAR -5 PM 3: 21

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000021957



(Document Number of Corporation (if known)

| . If amending name, enter the new name of the   | e corporation:   |                                   |
|---|--|-----------------------------------|
|   |  | The new                           |
| ame must be distinguishable and contain the v<br>Corp.," "Inc.," or Co.," or the designation "Co<br>ord "chartered," "professional association," or t | word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name muthe abbreviation "P.A." | e abbreviation<br>ust contain the |
| . Enter new principal office address, if applica  | able:  | <del></del>                       |
| Principal office address <u>MUST BE A STREET A</u>  | ADDRESS)   |                                   |
|   |  |                                   |
|   |  |                                   |
| Enter new mailing address if applicables  |  |                                   |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  |  | · <b></b>                         |
|   | <del></del>  |                                   |
|   |  |                                   |
|   |  |                                   |
| . If amonding the registered agent and/or regi  | istered office address in Florida, enter the name of the   |                                   |
| new registered agent and/or the new register  |  |                                   |
|   |  |                                   |
| Managed Managed Amous   |  |                                   |
| Name of New Registered Agent  |  |                                   |
| Name of New Registered Agent  | (Fluid may address)  |                                   |
| Name of New Registered Agent  | (Florida street address)   |                                   |
| Name of New Registered Agent  New Registered Office Address:  | , Florida  | <del></del>                       |
|   | , Florida  | <del></del>                       |
|   | ·  | <del></del>                       |

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | <u>PT</u>    | John Doe          |                      |
|-------------------------------|--------------|-------------------|----------------------|
| X Remove                      | <u>v</u>     | Mike Jones        |                      |
| X Add                         | <u>sv</u>    | Sally Smith       |                      |
| Type of Action<br>(Check One) | <u>Title</u> | Name              | <u>Addres</u> s      |
| 1) Change                     | Р            | Jonathan Burleigh |                      |
| Add                           |              |                   |                      |
| Remove                        |              |                   |                      |
| 2) Change                     | S            | Keith Turner      |                      |
| Add                           |              |                   |                      |
| Remove                        | _            |                   |                      |
| 3) Change                     | PS_          | Mike Sheeks       | 1660 Sparkling Court |
| Add                           |              |                   | Dunedin, FI 34698    |
| Remove                        |              |                   |                      |
| 4) Change                     | PS           | Sophia Sheeks     | 1660 Sparkling Court |
| Add                           |              |                   | Dunedin, Fl 34698    |
| Remove                        |              |                   |                      |
| 5) Change                     |              |                   |                      |
| Add                           |              |                   |                      |
| Remove                        |              |                   |                      |
| 6) Change                     |              |                   |                      |
| Add                           |              |                   |                      |
| Remove                        |              |                   |                      |

| ttach additional sheets, if neces                           | nal Articles, enter cha<br>ssary). (Be specific) |                           |  |   |
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|   |  | <b>.</b>                  |  |   |
| in amendment provides for a<br>ovisions for implementing th | n exchange, reclassi                             | lication, or cancellation | on of issued shares,                   |   |
| (if not applicable, indicate?)                              | V/A)   | contained in the amer     | idinent tiseit.                        |   |
|   | ,  |                           |  |   |
| • •   |  |                           |  |   |
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|   |  |                           |  |   |

| the date of each amendment(s) adoption:  | , ii other than the |
|--|---------------------|
| date this document was signed.   |                     |
| Effective date if applicable: 3/2/15   |                     |
| Effective date if applicable: 3/2 15  (no more than 90 days after amendment file date)   | <del>_</del>        |
|  |                     |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |                     |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |                     |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                     |
| by   |                     |
| by   |                     |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |                     |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                     |
| Dated  |                     |
| (By a director, president or other officer - if directors or officers have not been  | <del></del>         |
| selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                     |
| Michael R. Sheeks  |                     |
| (Typed or printed name of person signing)  | _                   |
| Vice President   |                     |
| (Title of person signing)  | <b>-</b>            |